

WYOMING BOARD OF COSMETOLOGY

2515 WARREN AVENUE, SUITE 302

CHEYENNE, WY 82002

307-777-3534 FAX 307-777-3681

REQUEST FOR CERTIFICATION OF LICENSE

NAME _____ (_____)
FIRST LAST LIST ALL PREVIOUS NAMES

HOME MAILING ADDRESS CITY STATE ZIP

PHONE _____ BIRTH DATE: ____ - ____ - ____ LICENSE NUMBER _____

SEND CERTIFICATION OF LICENSURE TO _____

SIGNATURE OF LICENSEE _____

➤ The fee for Certification of licensure is \$25.00.

For Board Use Only:

Date Processed: _____

Amount Processed: _____

Authorization Code: _____

A processing fee of \$3.00 will be charged for credit card use.

➤ If a Credit Card is used the total for the Certification would be \$28.00

(This information will be shredded after processing)

WHEN COMPLETING CREDIT CARD INFORMATION USE BLACK INK AND PRINT CLEARLY

Indicate card using: Card Number _____ CVVC Code _____ (on back of card)

[] VISA Expiration Date _____ Phone # () _____

[] MASTERCARD Name on Card _____

[] DISCOVER Billing Address _____

Signature _____

Revised 7/2014 w/f/applications